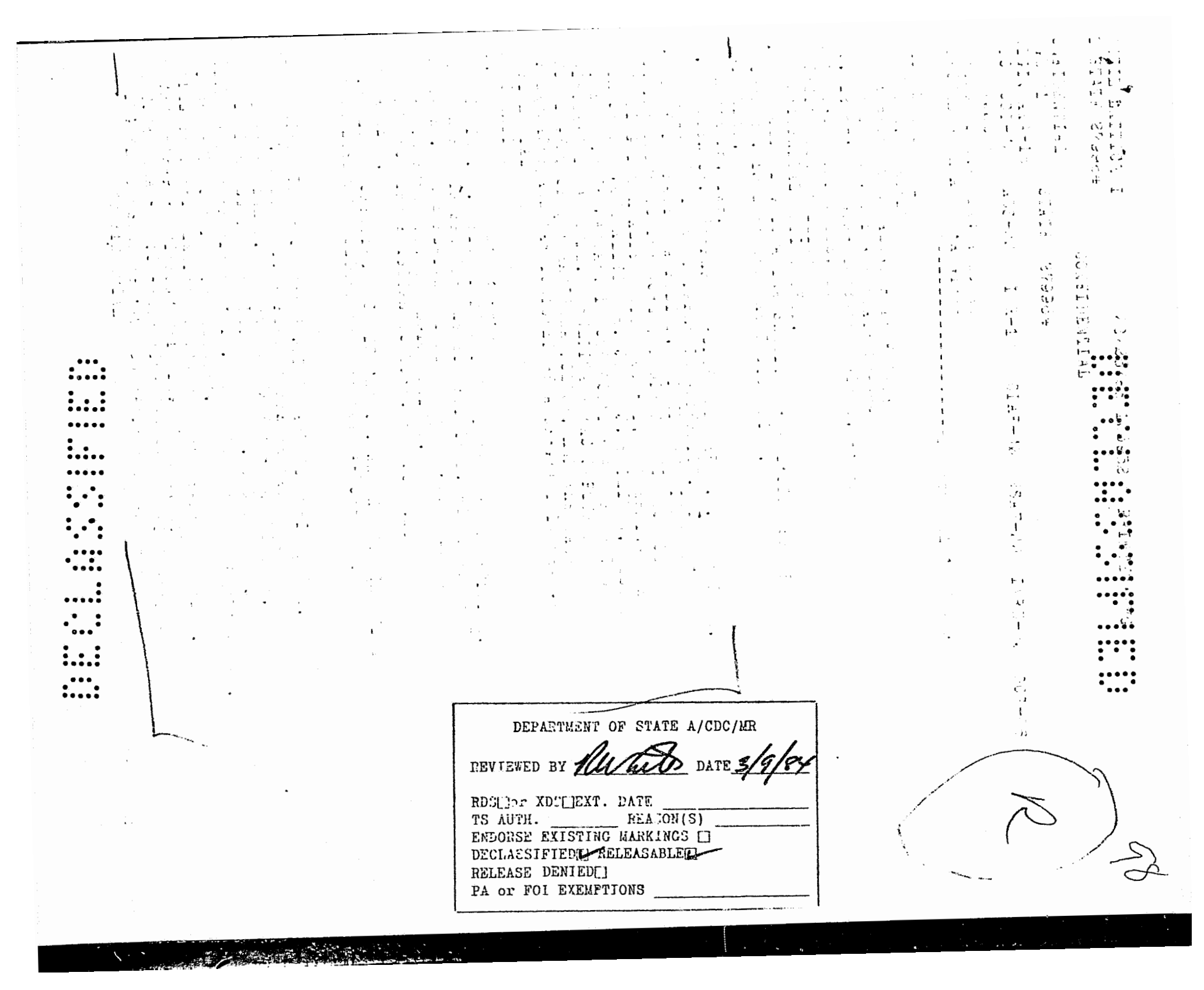

DEPARTMENT OF STATE A/CDC/MR

REVIEWED BY [signature] DATE 3/9/84

RDS[ ] or XDS[ ] EXT. DATE _____
TS AUTH. _____ REASON(S) _____
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